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PTO/SB/21 (6-98)  
Approved for use through 03/31/2000. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number

09/459,141

Filing Date

June 2, 1995

First Named Inventor

Phillip W. Berman

Group Art Unit

1648

Examiner Name

Nelson, B.

Total Number of Pages in This Submission

Attorney Docket Number

402E-978316US

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## ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form
  - ☐ Fee Attached
- ☒ Amendment / Response
  - ☒ After Final
  - ☐ Affidavits/declaration(s)
- ☒ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/Incomplete Application
- ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Assignment Papers (for an Application)
- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition Routing Slip (PTO/SB/69) and Accompanying Petition
- ☐ Petition to Convert to a Provisional Application
- ☒ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Small Entity Statement
- ☐ Request for Refund

- ☐ After Allowance Communication to Group
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Additional Enclosure(s) (please identify below):
  - receipt acknowledgment postcard

### Authorization to Charge Deposit Account

Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.

Remarks

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TO 3600 MAIL ROOM

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

Emily M. Haliday Reg. No. 38,903 The Law Offices of Jonathan Alan Quine

Signature

*Emily M. Haliday*

Date

April 11, 2001

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 04/11/2001

Typed or printed name

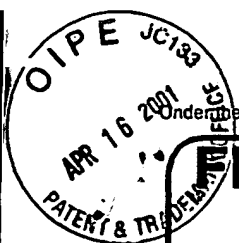
Evelyn Gomez

Signature

*Evelyn Gomez*

Date

April 11, 2001



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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$) 362.00

## Complete if Known

Application Number	09/459,141
Filing Date	June 2, 1995
First Named Inventor	Phillip W. Berman
Examiner Name	Nelson, B.
Group / Art Unit	1648
Attorney Docket No.	402E-978316US

## METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit  
Account  
Number  
Deposit  
Account  
Name

50-0893

Law Offices of Jonathan Alan Quine

- ☒ Charge Any Additional  
Fee Required Under  
37 CFR 1.16 and 1.17

2. ☐ Payment Enclosed:

☐ Check ☐ Money  
Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
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101	710	201	355	Utility filing fee	
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	690	208	345	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
20**	14	18	252
Independent Claims	3**		
Multiple Dependent			

\*\*or number previously paid, if greater; For Reissues, see below

### Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description		
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	78	209	39	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 252.00

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
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105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	110
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1390	218	695	Extension for reply within fourth month	
128	1890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	690	246	345	Filing a submission after final rejection (37 CFR 1.129(a))	
149	690	249	345	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 110.00

## SUBMITTED BY

Typed or Printed Name Emily M. Haliday

Signature

*Emily M. Haliday*

Date

04/11/2001

## Complete (if applicable)

Reg. Number 38,903

Deposit Account  
User ID

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Typed or Printed Name Evelyn Gomez

Signature

*Evelyn Gomez*

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